DOWELL & DOWELL, P.C.

RECEIVED

NO. 9418

CENTRAL FAX CENTER

OCT 26 2004

PTC/SB/122 (09-04)
Approved for use through 07/31/2005, OMB 0651-0035
U.S. Patern and Trademark Office; U.S. DEPARTMENT OF COMMERCE

	port Act of 1880, 120 palability and including to	ANTOLIS TO E CORROCIOU OL LINOLUEZO	in uniess it displays a valid OMB control number.
CORRESPON	NGE OF DENCE ADDRESS plication	Application Number	10/691,978
		Filing Date	10/24/03
		First Named Inventor	GANS, Adem
Address to: Commissioner for P.O. Box 1450 Alexandria, VA 223		Art Unit	3711
		Examiner Name	GRAHAM, Mark S.
		Attorney Docket Number	14491RCE
Please change the C	orrespondence Address for the abo	ove-identified patent applica	don to:
The address as		000293	1
	Jei.	000293	
OR Firm or			
Individual Name			
Address			
City		State	Zip
Country			
Telephona		Fax	
	sed to change the data associated	1	o change the
data associated with a	in existing Customer Number use "I	Request for Customer Numi	per Data Change" (PTO/\$8/124).
l am the;	; i !		
Applica	nt/Inventor		
Assigne Stateme	e of record of the entire interest, ant under 37 CFR 3.73(b) is enclose	od (Form PTO/SR/96)	
	or agent of record. Registration Na	•	
Registe	red practitioner named in the applic s oath or declaration. See 37 CFR	ation transmittal letter in an 1.33(a)(1). Registration Nun	application without an
Signature	26868		
Typed or Printed Name Ralph A. Dow	Al .		
Date 10/14/04		Telephone 703 415 2556	
NOTE; Signatures of all the inventor forms if more than one signature is	re or exeignees of record of the entire interest required, see below".	or spell (dbieseoupsjive(s) are usdrill	red. Submit multiple
	are extension		

This collection of information is required by 37 CFR 1.33. The information is required to obtain or rotain a benefit by the public which is to fits (end by the USPTO to process) an application. Confidentially is governed by 35 U.S.O. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTQ-9199 and select option 2.

This Page is Inserted by IFW Indexing and Scanning Operations and is not part of the Official Record

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked	đ:
☐ BLACK BORDERS	
☐ IMAGE CUT OFF AT TOP, BOTTOM OR SIDES	
☐ FADED TEXT OR DRAWING	
☐ BLURRED OR ILLEGIBLE TEXT OR DRAWING	
☐ SKEWED/SLANTED IMAGES	
☐ COLOR OR BLACK AND WHITE PHOTOGRAPHS	
GRAY SCALE DOCUMENTS	
☐ LINES OR MARKS ON ORIGINAL DOCUMENT	
☐ REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY	

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.